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## Facsimile Cover Sheet

### MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL

**Attention:** Centralized Fax Number  
**Company:** United States Patent and Trademark Office  
**Telephone:** 703-305-5261  
**Facsimile:** 703-872-9306  
**Application No.:** 09/843,051  
**Filing Date:** April 26, 2001

**From:** Keith M. Campbell, Esq.  
**Telephone:** 763-505-0405  
**Facsimile:** 763-505-0411  
**Our Ref. No.:** P8436.03.US

**Date:** March 9, 2004

**Pages** (including cover page): 13  
Comments:

Attached please find the following documents for filing with regard to the above-identified application:

1. 2 pg Transmittal
2. 1 pg Petition for an Extension of Time
3. 9 pg Response to Notice of Improper Request For Continued Examination (RCE)

If you have any questions, please contact me at the number listed above.

Keith M. Campbell, Esq.

NOTICE

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PATENT  
Docket No.: P-8436.03

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Martin T. Gerber et al. Group Art Unit: 3762  
 Application No.: 09/843,051 Examiner: George R. Evanisko  
 Filing Date: April 26, 2001 Due Date:  
 For: Single and Multi-Polar Implantable Lead for Sacral Nerve Electrical Stimulation

**CERTIFICATE OF MAILING OR TRANSMISSION** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on March 9, 2004.

  
Jodi Nickel

**TRANSMITTAL LETTER**

**Centralized Facsimile Number 703-872-9306**

Mail Stop:  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

We are transmitting herewith the attached:

- Transmittal Letter (in duplicate)
- Response Of Improper Request For Continued Examination (RCE)
  - Petition for Extension of Time
- 
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- Return Receipt Postcard

| FEE CALCULATION           | No. of Claims Filed | Highest No. of Claims Previously Paid for | No. of Extra Claims | Rate    | Fee       |
|---------------------------|---------------------|---|---------------------|---------|-----------|
| Total Claims              |                     | - =                                       |                     | x \$18  | \$        |
| Independent Claims        |                     | - =                                       |                     | x \$86  | \$        |
| Multiple Dependent Claims |                     |   |                     | + \$290 | \$        |
| <b>TOTAL</b>              |                     |   |                     |         | <b>\$</b> |

MAR. 9. 2004 4:02PM

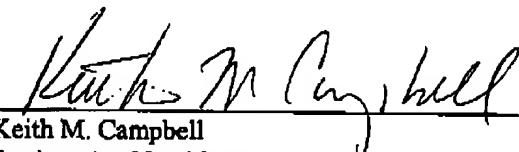
MEDTRONIC LAW DEPT

NO. 9739 P. 3/15

*Application No.: 09/843,051*

- Please charge Deposit Account No. 13-2546 \$ for additional claims fees and \$ for petition fees, for a total of \$
- Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A duplicate of this Transmittal Letter is enclosed.

Respectfully submitted,



Keith M. Campbell

Registration No. 46,597

MEDTRONIC, INC.

710 Medtronic Parkway NE, M.S.: LC340

Minneapolis, Minnesota 55432-5604

Telephone: 763-505-0405

Faxsimile: 763-505-0411

Customer No.: 27581

Date: March 9, 2004